STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND

William C Brown 1) Mette 66 - 22 1969 75 gard LIGHT HISH. X EXECUTED STREET STREET TOTAL STREET Latitude W. C. Marketing X = 25 Hill representati Lange Lines KRRET Start LIVE I STORE THE THE HER WATER WATER WAY THE HILLES the same and the s And the second of the second o William X = The 13th PRIVATE SHIP I TRANSPORTED TO THE SECRETARY SEED AND LESS and make the second of the sec

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FOR STATE PEGISTRAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

8	4.4	
	-	

	REGISTRAR				KEG. NO	J.		
ı	1. DECEASED NAME FIRST	MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
ı	(TYPE OR PRINT) HUBERT	NMI	BURKE		APRIL 4, 19	984		7:40P
	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER TYEAR	IF UNDER 24 HRS
J	Male	White	Aug.	2000	85	YRS.	HS DATS	HOURS MIN.
А	110420	76. CITIZEN OF WHAT COUNTRY		NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
7	COUNTRY)	U.S.A.	WIDOWE		Cooi	- L County		
ź	Virginia OCITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120. USUAL OCCUPATI			OF BUSINESS OF
1	PERRY POINT, MD	VA"MEDICAL "CEN			Water Plant		INDUSTRY B	.N.T.C.
7	USUAL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Maryland Cec			YES X NO	603 Concor			21903
7	14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	G 11000		
Ŋ		W. Burke		Elizabeth	MIDDLE		Brown	
4	160 WAS DECEASED EVER IN U.S. ARA			17 INFORMANT	603 APPR	Mord Ap		
	Yes Yes 7/17	- 5/19 219-22-	1580	Anna J. Burl		ille. Mo		
		2. = 1		Allia O. Dul A	te rerryv.	1110, 110		ONSET AND DEATH
	PART I. DEATH WAS CAUSED	ly ane cause per line for (a), (b), o		RY ARREST		-	BETWEEN	ONSET AND DEATH
	4/40 IMMEDIATI	E CAUSE (a) CARDIOF	ULMUNA	KT AKKEST				
		DUE TO, OR AS A CONSEQUENCE		CART CATLURE				
	Conditions, if ony, which gove rise to immediate	(b) CUNGES	IIAE H	EART FAILURE				
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF					
	Underlying Cause last	(c) ATHER	USCLER	OTIC HEART DI	SEASE			
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
V	5 190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING		
	RTI				YES NO	YES [NO 🗌
7	OR CONTRIBUTION CALLES OF DEAL	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER)	in .	19					
	THE STITLE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	FARM FTC 1	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	AT WORK NOT WHILE AT WORK	TAT TONE STREET, FACTORY, OFFICE	, rann ere j					
	22a.1 certify that (I) (this haspit	(al) attended the deceased from	NOVE	BER 28 19 83	to APRIL 4	. 19_	84	that 🗶 (we) lo
	saw the deceased alive an above, (Y (we) (did) (did ent	ADD I 19	84 , ar	nd that in xny) (aur) apinian	death occurred an the d	ate and haur an	d fram the	causes stated
	22b. SIGNATURE			DEGREE			22c DATE	SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR should be detach

MPORTANT

(SPECIFY)

Burial

WILLIAM A. RENIE, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Port Deposit

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Maryland

Asbury Cemetery

Apr. 7,1984

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate bit assecuted within 24 hours after death. P.	reformed by the hospital or attending physician.
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I. DE	CEASED NAME	FIRST	N	AIDDLE	L	AST		REG. NO		Y YEAR	2b. HOUR
(TYPE	OR PRINT)	LOUIS		PAUL		CAPPS . Sr.		April 4	. 1984		9:00a
3. SE	X		RACE		5. DATE C		6	AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
,	Male		Whit	e	Fel			54	YRS.	DAYS DAYS	HOURS MI
	IRTHPLACE (STATE OR F	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9	BALTIMORE CITY O		F DEATH	
	Vashington		U.S	.A.	WIDOWE			Cecil (County		
10 C	erry Point	, Mď.	VA Med	lical Cer	address)	OR OTHER INSTITUTION		2a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Truck Dri	F WORKING LIFE)	INDUSTRY	F BUSINESS C
13a S	ALRESIDENCE (# NURS STATE Maryland	H34. COUNTY	HER INSTITUTION,	13c. CITY OR TOW	VN	13d. INSIDE CITY LIMIT	TS? 1	3e.STREET ADDRESS 2662 Dul		t. 212	223
_	ATHER'S NAME			Darcin	OIC	15. MOTHER'S MAIDE	NNAM		aney 5	L. ZIZ	
/	Paul	Rom		Capps		Ruby	7	Zadel:	le	Spa	ande
	WAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECU	JRITY NO.	17. INFORMANT	augl	nter: ADDRE	SS		
10	Yes	1951-5		539-26-	-6114	Cathy A. C	Capps	s, 311 S.	Pavson	Street	212
	Conditions, if ony, gove rise to improve (o), stotin underlying couse	mediote ng the lost	(b) S DUE TO, OF (c) P	tatus Ep Rasaconsequ ossible	ENCE OF		TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART I 10	
ICATION	gove rise to improve couse (0), stating underlying couse	mediate ng the lost	(b) S DUE TO, OF (c) P	tatus Ep R AS A CONSEQU OSSIBLE ONTRIBUTING TO	ilepti ENCE OF Sepsis DEATH BUT		TERMIN	NAL DISEASE OR CON	20b. IF YES.	WERE FINDIN	GS USED
RTIFICATION	gove rise to immercouse for stoffin underlying couse PART 2 OTHER SIGN	mediate ng the lost	(b) S DUE TO, OF (c) P NDITIONS CC	tatus Ep R AS A CONSEQU OSSIBLE ONTRIBUTING TO	ilepti ENCE OF Sepsis DEATH BUT	NOT RELATED TO THE	194	20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED
AL CERTIFICATION	gove rise to improve the couse (o), stofing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNIT OR CONTRIBUTING	mediate ng the lost NIFICANT CO	(b) S DUE TO, OF (c) P NDITIONS CC 19b. CONDI 21b. TIME O HOUR A.	tatus Ep R AS A CONSEQU OSSÍBLE INTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D	ilepti ENCE OF Sepsis DEATH BUT H OPERATIO	NOT RELATED TO THE	194	20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compile should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

	andre uzaresie			
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9		1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 4	NO.	0 /	5 /
			CEASED NAME	FIRST	۸	AIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
be	91	,,,,,,		Α.	1	ARRY	D	ONGEL	April	29,	1984	A.M
E	(1)	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	THE STATE OF		Male		White		July	3, 1899 YEAR	84	YRS	MONINS! DATS	HOURS MIN.
Poorn. Po	n 72 o		RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	9 8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY Cecil	OR COUNT	Y OF DEATH	MD
101 s ofter d	by the full distribution of the full distribut	10 CI	TY OR TOWN OF Elkton	DEATH	11. NAME OF H		NG HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Foreman		FE) INDUSTRY	OF BUSINESS OR
AND 212	filled in	13a, S	L RESIDENCE (IF N TATE Lryland	13b COUN	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOV Elktor	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 311 Holl		rth Str	eet 21921
, MARYL,	Ompletely Odd 2		THER'S NAME FIRST	Unknow		LAST		15. MOTHER'S MAIDEN NA FIRST	Unknown		LAS	57
TIMORE be execu	s. Pages		AS DECEASED EN ES, NO OR UNKNOWN		WED FORCES? E WAR OR DATES)	166 SOCIAL SEC		Mrs. Anne E	. Dongel, B			
IT W. PRESTON ST., BAL	by the attending physicions remove carbon paper al, cremation, arremoval. r other traumatic event, the		18 CAUSE OF DE PART I. DEATH Conditions, if a gave rise to cause (o), st underlying co	IMMEDIAT IMMEDIAT Dany, which immediate oting the	D BY: E CAUSE (0) DUE TO, OF	R AS A CONSEQUE	Vis Va	Respira Sentre	Diseas Diseas	est	APPROX BETWEEN	MAJE INTERVAL ONSET AND DEATH
RDS, 20	on signed Then ple In to burio	NOI	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	a'
AL RECC	ian. It permit. It permit. It permit. It permit.	CERTIFICAT	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO ☑	IN CERTII	S, WERE FINDI FYING CAUSES ES []	
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HY S	bu bu	EDIC	21d. INJURY OCC	URRED	21e PLACE	OF INJURY		21f. LOCATION	CITY OF T	OWN	COUNTY	CTATE

should be detached for use as the with the State Dept. af Health and APORTANT: If Item 21 is marked TO FUNERAL DIRECTOR, After BP.

WHILE AT WORK

22b. SIGNATURE

Burial

24 FUNERAL

22d. PHYSICIAN'S DIAME

230. BURIAL CREMATION TEMOVAL

NOT WHILE

saw the deceased alive an above the weight

22a I certify that (1) (this hospital) ottended the

CHIRE OR FRINTS Joseph G. Lanzi, M.D.

23h DATE

5-2-84

DHMH - 16 50M 1/81 (VRA 15, 4)

721 Bridge Street, Elkton, Md. 21921 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ec

DEGREE

23d. LOCATION CITY OR TOWN Wilmington

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN MEDICAL

and that in (my) our) apinian death accurred an the date and haur and fram the causes stated

STATE

22c. DATE SIGNED

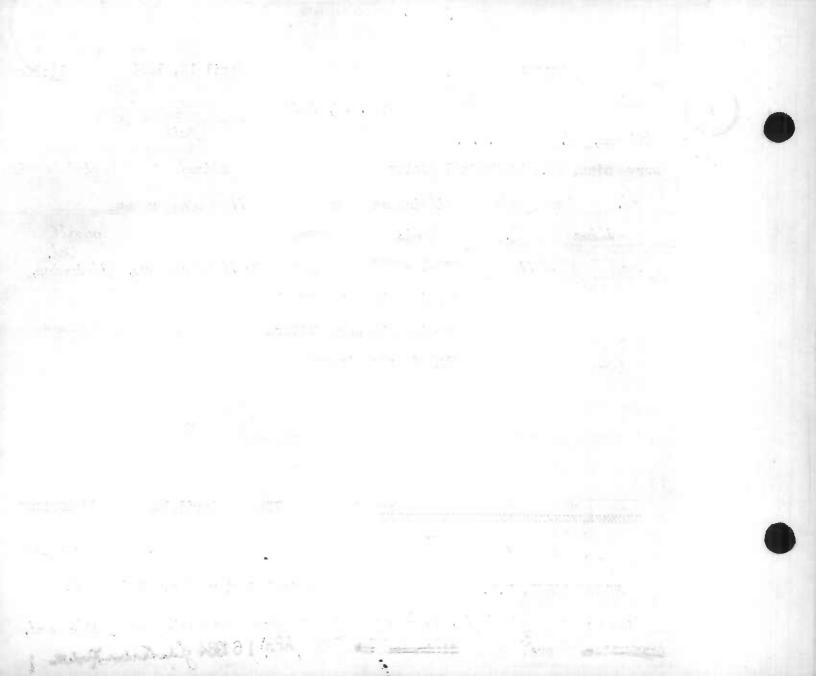
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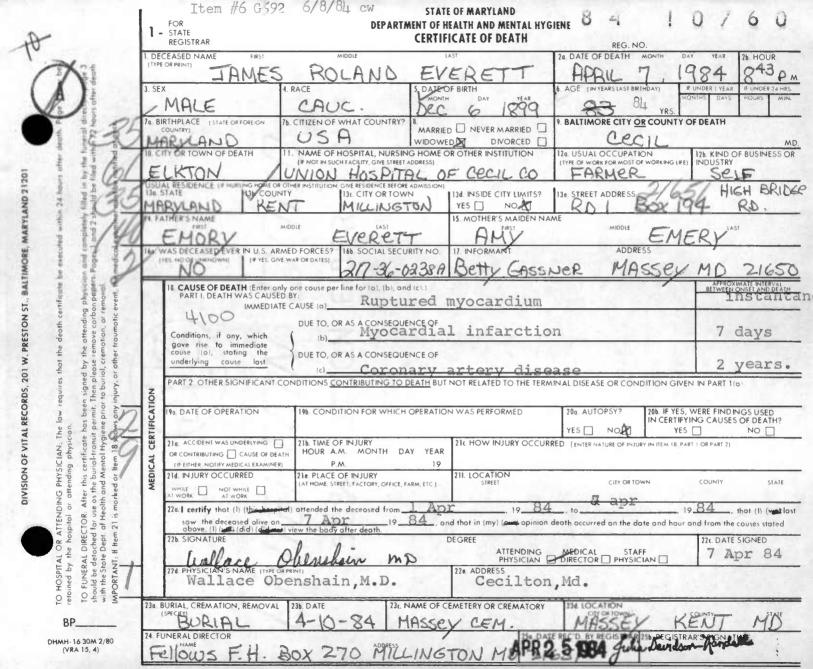
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Gracelawn Memorial Park

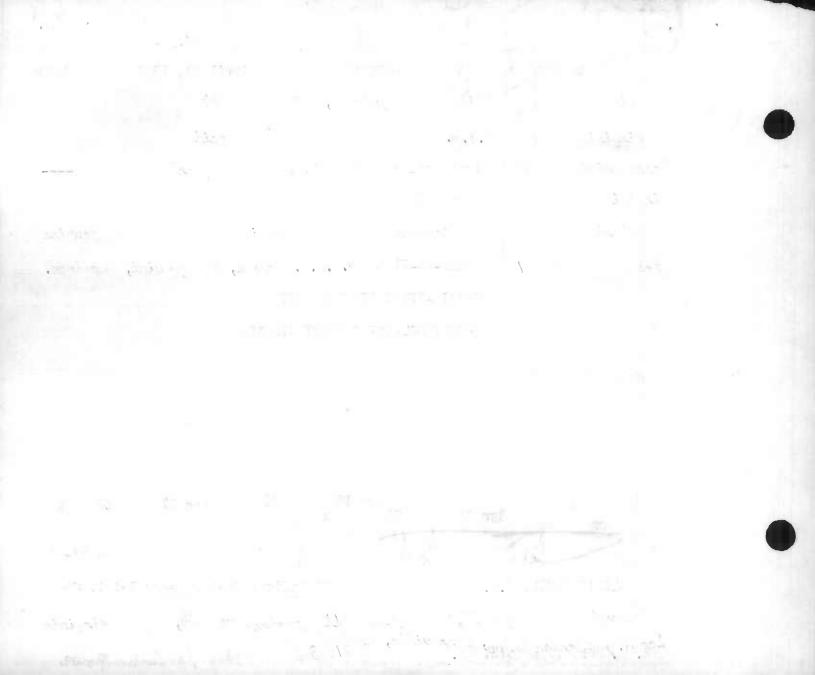
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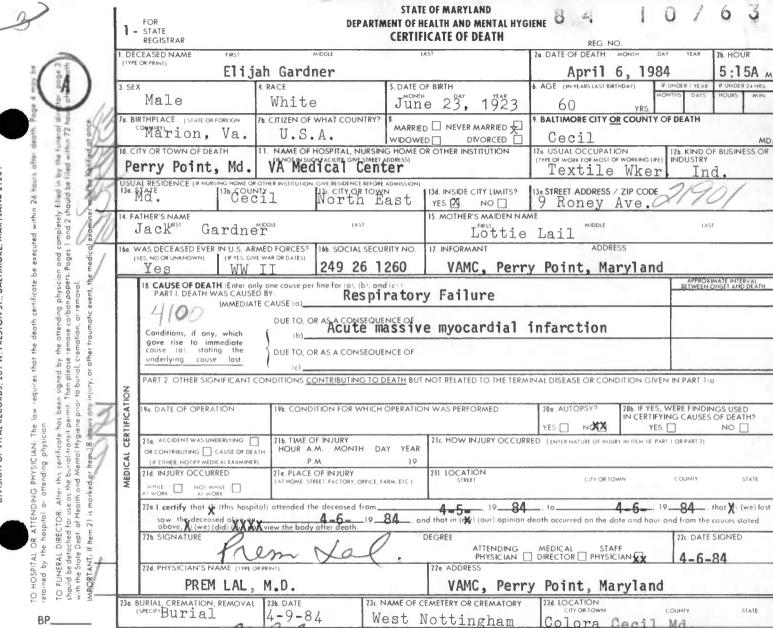


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	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4	162
3	1-	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	
39 d 25 ti		DECEASED NAME TYPE OR PRINT) Ralph H. Gamble 10. DATE KNOWN MONTH OF ESTI- DEATH MATED 4	17 1984 26 HOUR
Die	3. SE	Male White 8 2/ 06 17 yrs. If UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH White 8 2/ 06 17 yrs. Only 1 RACE White 8 2/ 06 17 yrs. Only 1 RACE White 8 2/ 06 17 yrs. Only 1 RACE White 8 2/ 06 17 yrs.	17 1984 9.15 A
		BIRTHPLACE (STATE OR FOREIGN COUNTRY? A MARRIED NEVER MARRIED 1. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED DIVORCED CECI /	OF DEATH MD.
ELAY IS PAGE PAGE PAGE PAGE	10, C	CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IPOT IN SUCH FACILITY SIVE STREET ADDRESS) At. 40 II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE FOR MOST OF WORKING LIFE FAGINGER AT. 40	Th KIND OF BUSINESS OR INDUSTRY
21201 FANY D AND 3 RETAIN RECUID RECORD		UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORÉ ADMISSION) 1. STATE 13b. COUNTY 13c. CITY OR TOWN YES NO 2. T. 40 2/9	21
BALTIMORE, MD. 21201 S AFIER DEATH. IF ANY GIVE PAGES 1, 2, AND TITH FORM, PM. 3, REFA PAGES 1, AND 2, EFICUL INISION OF VITABLEECO	1	FATHER'S NAME FIRST IS. MOTHER'S MAIDEN NAME FIRST SARA J EC	K
. BALTIMO . BALTIMO . GIVE PAGE MITH FORM . PAGES IV. DIVISION C	160.	1. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 175. NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 175. NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 175. NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 176. SOCIAL SECURITY NO. 17. INFORMANT R. GAMBLE BERLIN	. /
W. PRESTON ST. W. PRESTON ST. WITHIN 24 HOUR FENCIL IN ITEM 19 "MINER ALONG 1 "TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: HIGH IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 V ILD BE EXECUTED PENDING" IN PR PENDING IN PA D AS A BURIAL FEALTH AND MEI CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
F VITAL RE E SHOULD WORD "PEI NE CHIEF N BE USED A BURAL.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VIT HIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CI- CGE 3 SHOULD BE L VIE DEPARTMENT C 201 PRIGRED BUR			2)
DIVISI THIS CERT WARDED PAGE 3 SI TATE DEP	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTY OF	ATY STATE
L EXAMINER: E CERTIFICATE DULD BE FORT A DIRECTOR: H, WITH THE S		220 Certify that taak charge of the remains described abave, held an Autopsy , Inspection X , Inquiry , and in my apin death resulted fram: Natural causes X , Accident , Suicide , Hamicide Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE M.D. MEDICAL EXAMINER DATE SIGNATURE SIGNATURE SIGNATURE M.D. MEDICAL EXAMINER SIGNATURE M.D. MEDICAL EXAMINER SIGNATURE M.D. MEDICAL EXAMINER M.D. M.D. MEDICAL EXAMINER M.D. MEDICAL EXAMINER M.D. MEDICAL EXAMINER M.D. MEDICAL EXAMINER M.D. M.D.	4-17-84
O MEDICAL XECUTE THE AGE 4 SHO O FUNERA FTER DEATH AMIMORE,	2	EXAMINER'S NAME Tran C Gonzalez-Vitale Maddress Union Hospital Elkton, M	nd 21921
Bb	2	BURIAL CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY COUNTY SILVENDE COUNTY WILLIAM TOWN TOWN COUNTY WILLIAM TOWN WILLIAM TOWN WILLIAM TOWN TOWN COUNTY WILLIAM TOWN TOWN TOWN COUNTY TOWN COUNTY TOWN COUNTY WILLIAM TOWN TOWN TOWN COUNTY TOWN COUNTY TOWN COUNTY TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	D81.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	R	TENERAL DIRECTOR ADDRESS CHESAPEAKE 250. DATE REC'D. BY REGISTRAR' 356 REGISTRAR'S SIGNAME APR 2 3 1984 APR 2 3 1984	fandell.

slams) 11 10 0 8 3 that spring Afternational advantagement TOTAL CONTRACT OF THE STATE OF THE PROPERTY OF STREET



DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Home, North East, Md.

DESCRIPTION OF THE PERSONS AND ADDRESS OF THE PERSONS ASSESSED.

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And The may 2

STATE OF MARYLAND

the second secon

	STATE OF MARYL
OR.	DEDARTMENT OF HEALTH AND

AND

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		
1. DECEASED NAME FIRST Harry	y J. Huester	ı	AST	20 DATE OF DEATH April 2	6, 1984	YEAR	25. HOUR 5:59 PA
3 SEX Male	RACE Caucasian	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9. BALTIMORE CITY O	Po (nt	EATH	WC
Perry Point, Md		enter	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Commander	F WORKING LIFE) IN	DUSTRY	· Navy
USUAL RESIDENCE (IF NURSING AE OR 130. STATE COUN Virginia Arl			13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / 4621 N. 3	ZIP CODE 6th Stre	et g	22207/
I/ FATHER'S NAME FIRST Henry	F Huest	er	15 MOTHER'S MAIDEN NAM	WE	На	usem	
	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) I, Korea 578 20		VAMC, Perry	Point, Mar			
PART I. DEATH WAS CAUSEI	DUE TO, OR AS A CONSEQU	ive h	eart failure otic heart dis	sease		APPROXU BETWEEN C	MAYE INTERVAL INSET AND DEATH
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	IGS USED
OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR	YES NO	YES		NO []
214 INJURY OCCURRED	21e PLACE OF INJURY	.,,	211 LOCATION	CITY OR TO	whi (COUNTY	STATE

226 SIGNATURE

WHILE

NOT WHILE 220.f certify that XIX (this haspital) attended the deceased from

and that in (KX (our) opinion death accurred on the date and hour and from the couses stated

22c DATE SIGNED

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

VA Medical Center, Perry Point, Md.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Washington, D.C.

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

on 4-29-84 Lee Crematory

Funeral Home, 4510 Wilson Blvd, Arling Arn, V

1 200 10000 LO LABORETTO DE LA CONTRACTOR DE LA CONT the Manager of the Control of the Co and the second second second second second second second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MIDDLE 26. HOUR April 6, 1984 STEPHEN JACOBS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH MONTH 78 White March 191906 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Cecil County WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VA Medical Center Retired 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Edgewood 2017 Armstrong Street 21040 YES X NO [15 MOTHER'S MAIDEN NAME MIDDLE (unknown) Jacobs Maru Mrs. Myrtle J. Jacobs, 2017 Armstrong St. 166 SOCIAL SECURITY NO. 17 INFORMANT 220-34-6434 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WIT-Korea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiorespiratory arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pneumonia, right Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Severe C.O.P.D. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 70b. IF YES, WERE FINDINGS USED

220 I certify that (X (this haspital) attended the deceased from November 14

71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF FITHER NOTIFY MEDIC ALEXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 19 AT HOME STREET FACTORY, OFFICE FARM, ETC.)

21 LOCATION STREET

CITY OR TOWN

NOL

COUNTY

22c. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

FOR

STATE

(TYPE OR PRINT)

1: 5EX

REGISTRAR

FIRST

JOSEPH

Harford

MIDDLI

4 RACE

DECEASED NAME

Malo

Maryland

4 FATHER'S NAME

BIRTHPLACE ISTATE OR FOREIGN

Johnstown, Pa.

ID CITY OR TOWN OF DEATH

Perry Point, Md/

Michael

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

NOT WHILE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN

YES [X

Burial

J. R. GARCIA, M.D. 23e BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY April 10,1984 Arlington National

VA Medical Center, Perry Point, Md.

Arlington - Arlington. Va.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(VRA 15, 4)

Howard McComas III Funeral Home, Abingdon,

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ula Day work ...

wet.5t = a5

STATE OF MARYLAND

AND THE MACHINE THE PARTY OF TH The second of the polynomial was the second of the second

n 24 hours ofter death. Page 4

7	_	FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 4	100	0 /	6 8
1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
			FIRST	A	MIDDLE	k.	AST .	ta brite or bernit	MONTH DA		2b. HOUR
	TYPE	OR PRINT)	Georg	e Robe	ert Lave	rick		Ap	ril 7,	1984	7:39P M
	3. SEX			I. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	M	ale		Cau.		ADI		46	YRS.	INTHS DAYS	HOURS MIN.
8	Ta. BII	RTHPLACE (STATE OR FOR PUNITRY)	REIGN 7	U.S.A.	WHAT COUNTRY?	8	D NEVER MARRIED	P. BALTIMORE CITY OF	COUNTY	F DEATH	MD.
Į.	1	TY OR TOWN OF DEATH	-	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	Center Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND O INDUSTRY U.S.	Retired Navy
36	13a. S		Char Char	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Ualdorf		134 INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 815 Cop1		enue	20601
11		THER'S NAME		20015	1 4 5 7		15 MOTHER'S MAIDEN NA	WE		LAS	
87	/	George	Ê	. La	verick		Florence		Lii	t.7	
7	16a V	VAS DECEASED EVER IN	U.S. ARA		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
1	A,	VES, NO OR UNKNOWN)	1960	-1974	193 30	2807	VAMC, Perr	y Point, Ma	ryland		
7		18 CAUSE OF DEATH	(Enter only	v one couse per	line for (o), (b), on	d (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WA	S CAUSED	BY. CAUSE (o)	Cardiopul	monar	y arrest seco	ndary to			
		4939"	MARCHAIL		B AS A CONSEQUE	NCE OF	efft lower lob	e pneumonia			
		Conditions, if ony,	which				c brain syndr			1	
		gove rise to imme		1	R AS A CONSEQUE			J.II.C			
		underlying couse	lost.		History o		hma				
		PART 2 OTHER SIGN II	FICANT C				NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART II	a.
	No.										
1	CERTIFICATION	19a DATE OF OPERATIO	NC	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	NGS USED OF DEATH?
mfa	F							YES NOX	YES		NO [
	8	210. ACCIDENT WAS UNDER	RLYING	21b. TIME O			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	IT I OR PART 2)	
1		OR CONTRIBUTING CA		THT.	M. MONTH D	AY YEAR 19					
	MEDICAL	214 INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	ath)	COUNTY	STATE
	ž	WHILE NOT WHILE		(AT HOME STR	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITORIO	414	COUNT	31816
		22a.1 certify that (X(t		ol) ottended th	e deceosed from_		7-21- 19 82		71	84	thoXX (we) lost
		sow the deceased obove, (K(we) (dic			A 7 /	34	nd that in XX (our) opinion	deoth occurred on the de	te ond hour	and from the	couses stoted
		22b SIGNATURE	(oncornor	view the body	offer deoth.		DEGREE			22c DATE	SIGNED
		Mg	5Lad	A 1		H	ATTENDING PHYSICIAN	MEDICAL STAT		417	1184.
1		22d. PHYSICIAN'S WAN	AE (TYPE OR	PRINT)			22e. ADDRESS			1	1
				. SHAH,			<u> </u>	rry Point, M	larylar	nd	
	23a. E	BURIAL, CREMATION, RI	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		urial		4-13-	-84 AI	ling	ton Nat. Ce			Virgi	
3	24. FI	UNERAL DIRECTOR HUNTE Funer	ral H	ome. Wa	ldorf Ma	arylai		E REC'D. BY REGISTRAR	العساليس St. REGISTR		UKE

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR Huntt Funeral Home, Waldorf, Maryland

Part I was a second of the sec and the state of t

FOR

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONIH 2b HOUR IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MPS BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE Ret. 1455 Colora Rd. Atwâter Mrs. Myra Barrett (Daughter) Same as above FO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in applican apinion death accurred on the date and hour and from the couses stated 22c DAITE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [223 w. main St, Elkton, md. Colora Cecil Md. Burial Colora Friends Cem. 1--11--1984 So. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Les tradeurs in a la company i that hatch constant have a constant at the Met I am a and of the last the last performance Sales Commission with a first the commission of the commission of

6	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	0 7 7 9
moy be oge 3 death		CEASED NAME FIRST PROTECTION OF PRINTS	RACE S. DATE OF BURTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 1516 M
A Marie develop	Po. Bi	RTHPLACE (STATE OR FOREIGN 76	MONTH 9 YEAR 66 YRS. B. CITIZEN OF WHAT COUNTRY? B. MARRIED ENEVER MARRIED 19. BALTIMORE CITY OR COUNTY WIDOWED DIVORCED 1	
or other de	1	TYOR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIMITO M 126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFT ACTO 100 R	126 KIND OF BUSINESS OR INDUSTRY
ereby filled in		ATTO CECI	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 17 YES 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME MIDDLE	2 = 519/5
be executed on ond comp s. Poges on		VAS DECEASED EVER IN U.S. ARMI (F. NO OR JUNNOWN) (IF YES, GIVE V	WAR OR DATES! 7 10 (() 1 7 YA ATL	BEDWELL ESAPERTE CITY ME
es that the death certificate bed by the ottending physicic please remove corban paper and, cremoval.		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	/ DOXY II RY DAY II A I	
he low require on. has been sign t permit. Then f ene prior to bu	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
G PHYSICIAN: The low requirer this certificate has been sign the buriol-transit permit. Then cond Mental Hygiene prior to by ked or frem 18 "town surrivinjum	MEDICAL CIER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
TENDIN ortol or TOR: Afr for use o	~	WHILE NOT WHILE AT WORK AT W	of the deceased from 3/29 19 29, to 3/39, and that in my (our) opinion death accurred on the date and how view the body after death.	
TO HOSPITAL OR A1 retoined by the hosp TO FUNERAL DIREC should be detached it with the State Dept or with the State Dept or		THE SIGNATURE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 4-19-84
Bb- Bb- MA	1	SURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OF TOWN 11-21-84 BETHEL CHESH TENTE	FOR MAN
DHMH - 16 50M 4/B2 (VRA 15, 4)	746	INERAL DIRECTOR TO LOS	ADDRESS - ADDRES	rar's signature

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85	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE B REG. NO.	10/71
lege 3		CEASED NAME FIRST Tholman	MIDDIE C.	Moss	20 DATE OF DEATH MON	15, 1984 7,05 AM
	3. SE	Male	White	S. Date of Birth Octuber 3, 189		MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	Cech Con	inty Maryland MD.
softer is offer with the way	18	Ity or town of death Ukton	(IF NOT INSTANTACTIVE STATES		(TYPE BE WORK SOR MOST OF WOR	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY RUGGIST
AND 21:	13a.	aryland (ec		136 INSIDE CITY LIMI	02	B Delaware Avenue
MARYLAND ted within 24			win Moss	15. MOTHER'S MAIDE Esther	WIDOLE	Clay LAST
BALTIMORE, interest of the execution and of spees. Pages val. it, the medical		NAS DECEASED EVER IN U.S. AF YBS: NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 195-07-		er Litzenburg 31	16 Hollingsworth St.
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon po ural, cremation, or remo	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE CONSECTION OF TH	Vis Chryna Halmulate V	Deli Arche Brevel - Hel TERMINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A STATE OF THE STATE OF
NI RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 70i YES □ NO □	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirent of the control of the	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAI EXAMINE 216. INJURY OCCURRED	P.M. PLACE OF INJURY	DAY YEAR 1 19 21f. LOCATION	CCURRED (ENTER NATURE OF INJURY IN I	COUNTY STATE
ATTENDI ospital or ECTOR: A d for use t. of Heal m 21 is m	W	snw theaterensed blue of	IATHOME, STREET, FACTORY, OFFICe	July 19_	80 10 4/15	, 190 , tha (II) (we) last and hour and fram the causes stated
HOSPITAL OF INTERPRETATION OF THE STORE DE ORTANT. If It		22d. PHYSICIAN'S NAME TO SERVE	1 ()	ATTENDI PHYSICI 220 ADDRESS		0
D € D € ₹ ₹	23a	BURAL REMATION, REMOVAL	L 23b. DATE 23	Bethel (emetery		(itu (ecil Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	uneral Director Edited	varlo Mikrows	25, 611, 40, 25	O. DATE REC'D. BY REGISTRAR 250	REGISTRAN SIGNIOTURE

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Jail Jomer andras				
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Mark Standard (2)			No.	and to
	all state			1. Alleh
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

A CANAL CONTRACTOR OF THE CONT

4	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND ALTH AND MEN CATE OF DEA	TAL HYGI	ENE 8 4 1	0 /	7 3
1 75		CEASED NAME FIRST OR PRINT) Douglas A.	. 1	MIDDLE VULL	Ł,	ST			AY YEAR	2b. HOUR
(A)	3. SE	Male	4. RACE		5. DATE O	15, 194	MEAR	20	FUNDER TYEA	
oth. Person		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		NEVER MARE		9. BALTIMORE CITY OR COUNTY Cecil	OF DEATH	
oy the fun	10 C	TY OR TOWN OF DEATH Elkton		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET HOSPITAL	IG HOME O	R OTHER INSTITUT		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Laborer		OF BUSINESS C
filled in the fi	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OTHER INSTITUTION	I3c. CITY OR TOW Elkton	'N	13d. INSIDE CITY L	LIMITS?	13e. STREET ADDRESS 128 Midland Dr	ive	21921
completely 1 and 2 sh	19 F/	ATHER'S NAME FIRST Jacob	WIDDLE	Null		15. MOTHER'S MA		WIDDLE	Harmo	ast On
be execut ion and ca rs. Pages 1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	220-40-7		Mrs. Be	everly	J. Null, Elkton		21921
requires that the death cer en signed by the attending Then please remove corbo or to burial, cremation, or re injury, or other traumatic e	ION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, (c)CONDITIONS (ENCE OF	NOT RELATED TO		NAL DISEASE OR CONDITION GIVI		
The law re- icion. te has been te has been rigene prior shaws any is	CERTIFICATION	19a DATE OF OPERATION	1 2 2	DITION FOR WHICH	OPERATION			YES NOK IN CERTIFY		INGS USED S OF DEATH?
PHYSICIAN. ending phys this certifica he buriol-train nd Mental H, d or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE	R) HOUR /	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	Y OCCURRE	CITY OR TOWN	COUNTY	STATE
R ATTENDING hospital or att RECTOR. After hed for use as the pp. of Health a	35.	220.1 certify that (I) (this hasp saw the deceased alive a about the deceased alive a			, an	d that in (my) (aur	79 r) opinian de	to April 16		
PITAL O by the ERAL DI se detocl State Do		226. PHYSICIAN'S NAME (TYPE		IlNex, M.		ATTER PHYS 220. ADDRESS	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN DE MUIN ST CHIT	4-	17-84 17-84
TO HOS retained TO FUN should It with the	23a	BURIAL, CREMATION, REMOVA (SPECIFY) BUrial		23c. h	NAME OF C	METERY OR CREM	MATORY	23d. LOCATION CITY OF TOWN		
DHMH - 16 50M 4/82 (VRA 15, 4)		ICKS HOVE FOR	UNERALS	ADDRESS LKTON,	MD. 2	1921 APR	250 DATE	REC'D. BY REGISTRAR 256. REGISTI		

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		15, 1945	v.lul.	. Negid		Э.
	ilso					
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kton, mi. 2192	I Transact of	I moutant a market	CD01-03-0			

Burgering to follows, dearn, secretary of the following

2	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	107	74
		CEASED NAME FIRST WILLIAM	m Harre	u 0	TT		MONTH DAY YEAR 4 / 7 / 84	1:40 M
	3. SE	Male	4. RACE White	5. DATE O	DAY DO YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE. MONTHS DAY YRS.	
nerol in 72 at once	,	RTHPLACE (STATE OR FOREIGN COUNTRY) Point, Nd,	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE WIDOWI	D MEVER MARRIED DIVORCED		R COUNTY OF DEATH	MD.
offer of the fu	10. C	Elkton	11. NAME OF HOSPITAL	L, NURSING HOME (POIVE STREET ADDRESS) 10 SPLEAT	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF SECTION OF WORKER	F WORKING LIFE) INDUSTE	O OF BUSINESS OR RY arina
filled in lovel be f	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENTY. 13c. CITY	ence before admission) or Jown Exton	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Road 2	11991
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DIVISION OF VITAL RECORDS, DING PHYSICIAN. The law requir or offending physician. After this certificate has been sig o as the burial-transit permit. There of the and Mental Hygiene prior to be marked or frem 18 shaws any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK 220.1 certify that (I) (this hosp	HOUR A.M. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO	NTH DAY YEAR 19 RY NRY, OFFICE, FARM, ETC.)	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR		STATE
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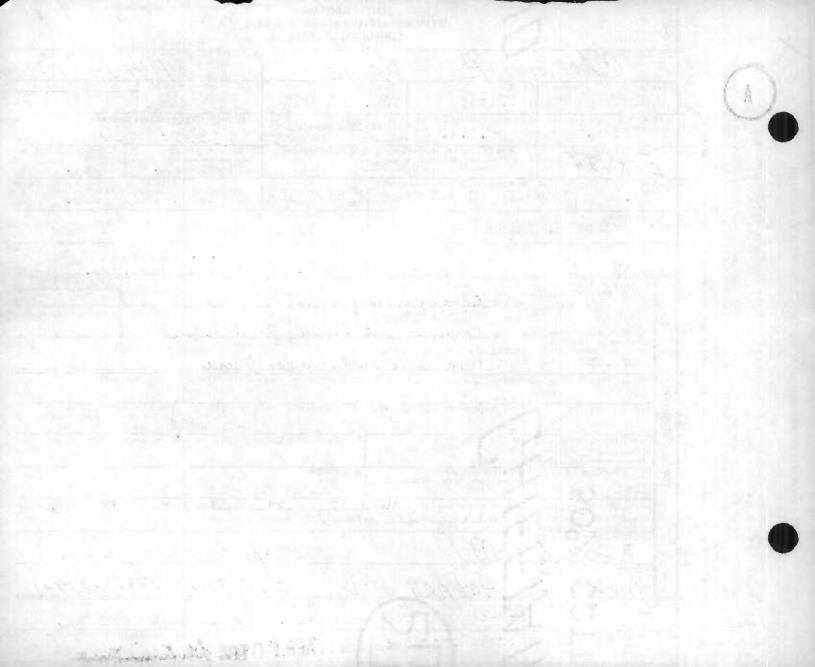
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME TYPE OR PRINTI MAROID 4. RACE 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX HOUR5 Male 9. BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED lkins. Va. WIDOWED | DIVORCED | 12a. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR UPNOTAN SUCH FACILITY, GIVE STREET ADDRESS) ATYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY upervisor ducation filled in a USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. CQUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13c. CITY OF TOWN 13d. INSIDE CITY LIMITS? kton e.ci YES KO Kene I NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Harold MIDDLE Beulah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) Pary Katherine Phillips 13 Rene arr Nonean 18. CAUSE OF DEATH (Enter only one couse per line for o bi PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUF TO, OR AS A CONSEQUENCE OF. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 10 d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOTE YES [NO IT 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Ť 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211. LOCATION 3 21d. INJURY OCCURRED ō OFFI OR TO COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) Ithis haspital) attended the deceased from 1083 (my) (our) opinion death accurred on the date and hour and from the couses stated and that in obove, (1) we (did (did not) view the body 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS O de 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burias Gilpin Manor Memo ecil 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

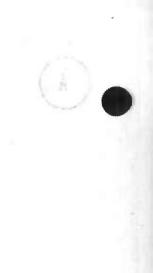
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AND 3 TRETAIN HOULD B	13a S		OME OR OTHER INSTITUTION, GOODNITY	13t. CITY OR TOWN Elk Mills	13d. INSIDE CITY LIMITS? YES NO DX	P O Box 111	21920
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ĺ	REEVE	\$ #	SPEN	CER		APRIL	1	1984		1:35P M
3. 9	EX	4 RACE		S. DATE C		6. AGE (IN YEAR	S LAST BIRT	HDAY)	MONTHS DAYS	
	Male	Whit	e	Apri	24, 1918 AR	65		YRS		
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N	orth Carolina	USA		WIDOWE	D DIVORCED	Ceci	l Co	unty		MD
	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTION	12a USUAL OC			126. KIND INDUSTRY	OF BUSINESS OR
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74	FATHER'S NAME	WIDDIE	TAST		15. MOTHER'S MAIDEN NA		WIDDLE			AST
ľ	Jason W	eaver	Spencer		Cinthia	· I	da	(weiss "	ASI
16ir	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDR	sel A	ir,Md.	21014
У	(YES, NO OR UNKNOWN) (IF YES, G	I I	186 16	0520	Mrs.Estelle	P.Spence	r, 2	201 P	lumtree	2 Road
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	saw the deceased alive an APRIL 19 84 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
	226. SIGNATURE	linto	, M. D.			MEDICAL DIRECTOR	STAF PHYSIC			1-1981
	ANGEL O.	VENTO			VA MEDICAL	CENTER P	ERRY	POI	NT. MD	
23	BURIAL, CREMATION, REMOVA	L 236. DATE	73(.	NAME OF C	CEMETERY OR CREMATORY				COUNTY	STATE
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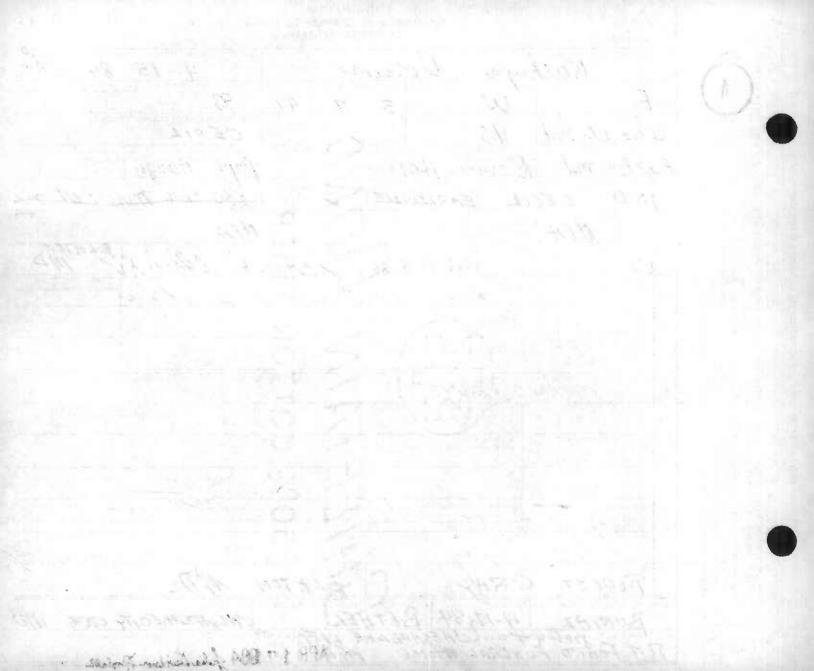
MPORTANT: If Item 21 is

Howard K. McComas III Abingdon, Md. 21009

256 DATE REC'D. BY REGISTRAR 23P REGISTRAR'S SIGNATURE
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	FOR - STATE		PARTMENT OF HEAL			10788
	REGISTRAR		CAL EXAMINER'S	CERTIFICATE OF	REO. I	
	TYPE OR ORIGIT)	eodor e	u	latson	OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HO
3.5	Male Whi	te Feb. 9 1	year 6. AGE (IN YEARS IF LAST BIRTHDAY) MO	UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE WIN PRONOUNCED DEAD	MONTH DAY YEAR 20. H
製り	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT	WIDO	RRIED X NEVER MARRIED	Coai	OR COUNTY OF DEATH
116	city or town of DEATH	ity 917 Ge	AL, NURSING HOME, OR O Y, GIVE STREET ADDRESS) OFTE	THER INSTITUTION 1	20. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	
13a.	UAL RESIDEN CE (IF IN NURSING STATE Md.	GHOMBOR OTHER INSTITUTION, GIVE RECOUNTY OCIL (COUNTY)	city or town Ches. City		3e. STREET ADDRESS 217 Biddle	st. 21915
27	FATHER'S NAME Herbert	WIDDLE	Watson	15. MOTHER'S MAIDEN FIRST Elva	MIDDLE	LAST
160.	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	66. SOCIAL SECURITY NO.	17. INFORMANT	101 Mit son Elkton.	Tumey Ehell St. Md. 21921
TH AND MENTAL HYG		DUE TO, OR AS (c) (OITIONS CONTRIBUTING TO DEATH BUT I	A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PART	1 (a).	
BURIAL CREMATIC	190. DATE OF OPERATIO	N 196. CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
				HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM I	YES NO
PRIORTO	21d. INJURY OCCURRED WHILE NOT WHI AT WORK AT WORK	ZIE. PLACE OF II STREET, FACTORY,	NJURY (AT HOME, 21f. L	OCATION STREET	CITY OR TOWN	COUNTY STA
AGE ATE [adabasa balda - Asa	apsy , Inspection	X, Inquiry . o	
MITH THE STAT	22a. I certify that I tool death resulted from:	(127)	cident , Suicide		Undetermined manner	nd in my opinion
LD BE FORWAL NIRECTOR: PAG WITH THE STAT REYLAND, 21201	22a. I certify that I tool death resulted from: ACTUAL SIGNATURE	Notural causes A. Acc	cident , Svicide	Homicide .		DATE SIGNED 4-21-84 KHOM MO 2192
CA SHOULD BE FORWAL FUNERAL DIRECTOR, PAG TER DEATH, WITH THE STAN JEWORE, MARYLAND, 21201	22a. I certify that I tool death resulted from: ACTUAL SIGNATURE	Natural causes A. Acc	cident , Svicide	M.D. Deputy M.D. Deputy M.D. Deputy	MEDICAL EXAMINER Hospital El 23d. LOCATION	DATE 4-21-84 Kton MD 2192
TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAT BATTAWORE, MARYLAND, 2120	22a. I certify that I tool death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural causes A, Acc	cident , Svicide [Homicide NTLE (SPECIFY) M.D. Deputy M.D. Purion OR CREMATORY Ferris	Undetermined manner	DATE 4-21-84 Kton MD 2192 COUNTY STATE

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Thron, duest 70%	violent ra		ALLEY OF THE	Intro

٠.	2	١.	FOR STATE REGISTRAR Rachel	L Williams	STATE OF MARYLA ARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE	REG. NO.	0 7 9 0
	. 4 moy be they page 3 offer death		CEASED NAME FIRST OR PRINT! Rache	A RACE	LAST LAST LAST S. DATE OF BIRTH	20. DATE C		DAY YEAR 26 HOUR 16846 P.M IF UNDER 1 YEAR IF UNDER 24 HRS.
	0 6 5	1	emale	Nesho	MONTH DAY	YEAR OF	75 YRS.	MONTHS DAYS HOURS MIN.
	leoth. Po		RTHPLACE ISTATE OR FOREIGN (OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER A	AARRIED 9. BALTIM	DRECITY OR COUNT	204Nty MD.
10	by the further described on the formal of the forethe of the formal of the formal of the formal of the formal of t	10. C	ELKTON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:	JRSING HOME OR OTHER INST		OCCUPATION ORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY HOUSEWife
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120°	filled in hould be it there	13a.	hal. Ker	NTY 13c CITY OR	BEFORE ADMISSION) TOWN 13d. INSIDE C	ITY LIMITS? 130. STREE		21667
MARYL	completely ond 33		Medford	Rut Rut	ler (MAIDEN NAME	WIDDLE	Unknown
TIMORE	be exect.	160	VAS DECEASED EVER IN U.S. AF (IF YES GI	RMED FORCES? 166 SOCIAL VE WAR OR DATES!	SECURITY NO. 17. INFORMA	es Wilson	BOX27	STILL PONd Ma
5T., 8AL	physicion on poper emovol.		PART I. DEATH WAS CAUSE	nly one couse per line for (g), (b ED BY: TE CAUSE (o)	De Regn	An Co	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON	thending ve corbo ion, or n		Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF	men - Per	el Failur	e
W. PRE	s that the death ce ed by the attending please remove carb rial, cremotion, or or other traumatic		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	EQUENCE OF Prabe	te bullit	tus CV+	1
RDS, 20	quire then p to bu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION G	VEN IN PART 110
AL RECO	The low re- icion. It has been asit permit. If given prior shows ony if	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFO	RMED 200 AUT	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OF VIT	Z ST SO ST BO		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	JURY OCCURRED (ENTERN	NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2}
VISION	DING PHYSICIA or ottending p After this certif e os the burioli- olih and Mentol marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	ZII LOCATIO	m (CITY OR TOWN	COUNTY STATE
	(1 1/2 4)		22a. I certify that (I) (this hasp	7/16		(our) opinion death occur	ed on the date and ha	ur and from the causes stated
	rat OR ATTEN y the hospitol AL DIRECTOR detoched for u of Dept. of H		27b. SIGNATURE	ot) view the body ofter death.	DEGREE A A	TTENDING MEDICAL	STAFF PHYSICIAN	22c. DATE SIGNED 4/16/84
	FUNER old be or the St		228 PHYSICIAN SAME TWO	on Printy V	22e ADDRES		PHISCIAN	1 4/10/04
	BP D S S S S S S S S S S S S S S S S S S		BURTAL, CREMATION, REMOVAL SPECIFY) Burial	1.126/01	23c NAME OF CEMETERY OR C	CREMATORY 23d. LOC	III Pond,	COUNTY STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)		JNETAL DIRECTOR	1 2 M ADD		250. APERES BX		JAR'S SIGNATURE Davidson-Acadelle

A Line of the second of the se APR 23 1884 John Suider Boliste.